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CONFIRMATION NO. 4895

<b>SERIAL NUMBER</b> 10/582,335	<b>FILING or 371(c) DATE</b> 05/10/2007 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1657	<b>ATTORNEY DOCKET NO.</b> KEIT-001/00US 307128-2001		
<b>APPLICANTS</b> Bryan Stevon De Caux, Hampshire, UNITED KINGDOM; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB04/05136 12/10/2004 <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0328912.1 12/13/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/09/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/LISA J. HOBBS/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> RADER, FISHMAN & GRAUER PLLC 39533 WOODWARD AVENUE SUITE 140 BLOOMFIELD HILLS, MI 48304-0610 UNITED STATES						
<b>TITLE</b> Medium For Identification Of Candida						
<b>FILING FEE RECEIVED</b> 1640	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees		
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